

**MULTIPLE DEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH PTO-875)

SERIAL NO.

FILING DATE

10/539745

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		21					54						
5		13					55						
6		51					56						
7		10					57						
8		51					58						
9		10					59						
10		51					60						
11		10					61						
12		51					62						
13		10					63						
14		51					64						
15		10					65						
16		51					66						
17		10					67						
18		51					68						
19		10					69						
20		51					70						
21		10					71						
22		51					72						
23		10					73						
24		51					74						
25		10					75						
26		51					76						
27		10					77						
28		51					78						
29		10					79						
30		51					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	29	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	30						TOTAL CLAIMS						